

**DERBYSHIRE COUNTY COUNCIL  
IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**19 September 2016**

**Report of the Committee Chair**

**COMMISSIONERS WORKING TOGETHER  
JOINT HEALTH SCRUTINY COMMITTEE**

**1. Purpose of the Report**

To inform the Committee of the on-going work of the Joint Health Scrutiny Committee (JHSC) for the South Yorkshire, North Derbyshire and North Nottinghamshire area.

**2. Information.**

Derbyshire County Council, along with other Authorities responsible for Health Scrutiny in the South Yorkshire and North Nottinghamshire areas, has formed a Joint Health Scrutiny Committee (JHSC) to scrutinise major health service reconfigurations proposed by the area's "Commissioners Working Together" (CWT). This is the group of Clinical Commissioning Groups (CCGs) responsible for NHS services across the region, established to facilitate changes to services under their "Working Together" transformation programme.

The Council has nominated Cllr Bambrick as its representative on the JHSC, the other Members being the Chairs of the Health Scrutiny Committees in Nottinghamshire, Barnsley, Doncaster, Rotherham, Sheffield and Wakefield Councils.

The CCGs' Working Together programme will involve a number of transformation proposals and the JHSC has a responsibility to ensure that effective public engagement and consultation is undertaken before any decisions are made.

The JHSC has now met on three occasions, the most recent being on 8 August when the CWT outlined their public engagement and consultation plans for Hyper Acute Stroke Units and Children's Surgery and Anaesthesia service changes.

For both these services, which in the north of Derbyshire are currently provided at Chesterfield Royal Hospital, the CWT Commissioners presented a detailed report on the appraisal of options for future provision and this report is

to inform this Committee of the preferred option(s) and how and when public consultation will take place.

### ***Hyper Acute Stroke Units***

The CWT is considering options to reduce the number of Hyper Acute Stroke Units (HASUs) across its geographical area of provision.

In 2014, the NHS Five Year Forward View set out a positive vision for future new models of care, indicating the need for rationalisation and sustainability in services in order to meet growing demands, provide high quality and remain financially viable.

A detailed baseline review across South Yorkshire, Bassetlaw and North Derbyshire demonstrated a gap analysis for the delivery of Hyper Acute Stroke Units (HASUs) within the region and formulated a “Case for Change” (May 2015) which was supported by the CWT partner CCGs, received positive support from the Yorkshire and the Humber Clinical Senate and was shared with acute provider Boards.

Further support and recommendations have been identified in the Hyper Acute Stroke Services Yorkshire and Humber “Blueprint” report of the Yorkshire and the Humber Strategic Clinical Networks.

Gaps were identified within service delivery and highlighted difficulties in the ability to provide high quality, Sentinel Stroke National Audit Programme (SSNAP) performance data and sustainable services due to recurrent issues with :-

- Workforce, skills and expertise
- Capacity and demand

The ability to meet fundamental minimum numbers of strokes per HASU is recognised as being a key requirement to meet national standards and to ensure sustainable services for the future.

All this evidence has been fundamental in supporting the development for the CWT Options Appraisal for the future of HASU services.

The Options Appraisal provides a comprehensive review, evaluation and proposal for a new model of care based on quantitative data for HASU activity, ambulance transfer times, SSNAP submission data and qualitative data gained through the CWT’s engagement with service staff, clinicians and managers and pre-consultation with service users regarding potential changes to current models of service delivery.

The outcome of the Option Appraisal supports the radical transformation and reduction of HASUs from 5 to either 4, 3 or 2 Units. Based on the options appraisal matrix, the CWT considers it would be viable to reduce the number of HASUs to develop a more sustainable network for stroke care, as shown in the table below;

<b>Option</b>	<b>Number of Units</b>	<b>Continue to Deliver HASU services</b>	<b>Remove</b>
Option 3b	4 unit delivery (Working Together Footprint)	Sheffield, Barnsley, Chesterfield and Doncaster	Rotherham
Option 3c	3 unit delivery (Working Together Footprint)	Sheffield, Doncaster and Chesterfield	Barnsley and Rotherham
Option 3d	2 unit delivery (Supporting Network changes)	Sheffield and Doncaster	Barnsley, Rotherham, and Chesterfield

At present, the Option Appraisal has led to the preferred option 3c being supported by the CWT. This will see the retention of the HASU currently at Chesterfield Royal Hospital.

However, it should be noted that a further option (3d) has been tabled which would see the removal of HASUs at Rotherham, Barnsley and Chesterfield Hospitals with services being provided at Sheffield and Doncaster HASUs. This option is currently seen as too ambitious by the CWT but it may be adopted in the future, using a stepped approach.

### ***Children's Surgery/Anaesthesia***

The CWT has undertaken a review of Children's non-specialised surgery currently provided at a number of hospitals across the geographical area served by the CWT. The case for change for Children's Surgery and Anaesthesia services within the Working Together footprint has been explored to ensure provision is equitable, safe and sustainable for the future.

The case for change and subsequent Health Needs Assessment have included quality aspects of the service, national and regional guidance, clinical best practice within services, and the national standards for Children's surgical services.

Professional stakeholders (surgeons, anaesthetists, Trust managers and commissioners) have contributed to developing the case for change and the Health Needs Assessment. They have also helped identify the challenges facing the future provision of Children's surgery and the key drivers for the Working Together Programme (provider and commissioner).

The case for change was agreed by the CCGs and trust boards in the Working Together footprint in autumn 2015 and the programme has now progressed to include:

- A fully developed project plan
- A provider self-assessment against national standards of care
- Benefits analysis and outcomes
- Assessment of need and demand for provision
- The specified model of care including the standards to enable designation of providers of surgical care
- Undertaking procurement advice and market analysis
- Considering best practice nationally and internationally.
- Development of options to re-configure services to provide sustainable care.
- An appraisal of options for configuration to provide sustainable care

The options being considered range from keeping Children's surgery "hubs";

- at four Hospitals – Sheffield, Doncaster, Pinderfields (in Wakefield) and Chesterfield (Option 1)
- at three Hospitals – Sheffield, Doncaster and Pinderfields (which would see the transfer of the hub from Chesterfield) (Option 2)
- at two Hospitals – Sheffield and Pinderfields (which would also see the transfer of the hub from Chesterfield) (Option 3).

The CWT's preferred option is Option 2 which would see the transfer of the hub from Chesterfield Royal Hospital with patients receiving surgery at Sheffield.

### ***Public Engagement and Consultation***

For both these major service reconfigurations the Health Scrutiny responsibility is primarily to ascertain that effective public engagement is undertaken by the CWT before any final decision is taken – and that any local issues are addressed.

The CWT is to embark on a public engagement and consultation programme over the autumn with an end-date of mid-January. The JHSC will receive the outcomes of the consultation and ask the CWT how it proposes to address any detrimental effects on patients who are to lose locally provided services.

At the meeting on 8 August, the JHSC asked the CWT to provide draft consultation material so that the Committee can offer input to help in its effectiveness.

A further meeting of the JHSC is to be held in October to continue the scrutiny of these reconfiguration programmes.

#### **4. Considerations**

Health considerations are detailed in the main body of this report

In preparing this report the relevance of the following factors has also been considered: financial, human relations, legal and human rights, prevention of crime and disorder, equality and diversity, environmental, property and transport considerations.

#### **5. Background Papers**

Documents held by the Improvement and Scrutiny team – Legal and Democratic Services Division.

#### **6. Recommendations**

The Committee is asked to note the on-going work of the Commissioners Working Together - Joint Health Scrutiny Committee.

**CLLR. SEAN BAMBRICK**  
**Chair - Improvement and Scrutiny Committee - Health**